Effective December 2 2005													
CLAIMS AS FILED - PART I													3
SMALL ENTITY													
/	U.S. NATIONAL STAGE FEES			olumn 1)	(Cotumn 2)	<u>-</u> -	TYPE		OF		OTHER THAN R SMALL ENTITY		
	BASIC FEE						RAT	E F	EE				
	EXAMINATION FEE			ENT. = \$ 150	LARGE ENT. = \$ 3		BASIC FE	-+-	0		RATE		FEE
/			Satisfies P	CT Article 33(1) \$ 50 / \$ 100	All other situations \$ 100 / \$ 200	-	EXAM FEI	_/_		OR	BASIC FEE		
	SEARCH FEE		U.S. & ISA ALL other	= \$50/\$100 er countries = 0/\$400	• 1007 \$ 200 • All other situations • \$ 250 / \$ 500	7	120			EXAM. FEE			
	FEE FOR EXTRA SPEC, PGS.			minus 100 =		41	SEARCH F	E 10	2		SEARCH FE	₹ .	
. [OTAL CHARGEABLE CLAIMS		2		/ 60 =	41	X \$ 125	= .			X \$ 250	_	\neg
	INDEPENDENT CLAIMS		17	minus 20 =				=		DR.	X \$ 50 =	+	\dashv
į	MULTIPLE DEP	ENDENT CLAIM	PRESENT			4 L	X \$ 100	<u>.</u>		R	X\$200		\neg
F		nce in column 1				1 L	+ \$ 180 =	=	0	R	+ \$ 360 =	1	\dashv
ŀ			io ioss dian Zi	ero, enter "O"	in column 2		TOTAL	45	510	R.	TOTAL	+-	
CLAIMS AS AMENDED - PART II													
-	·	(Column 1) (Column 2) (Column 2)									OTHER		
	1/1/	CLAIMS REMAINING		HIGHES NUMBER PREVIOUS PAID FOR	1	1/			or Or	₹ 	SMALL	ENTIT	
MENOME	Total	AFTER AMENDMENT			SLY EXTRA		RATE	ADDI- TIONA FEE		-	RATE	ADD TION	AL
Š	i la	13	Minus	-20	= Ø.	7	\$ 25=	1	OR	H	V C C C	FEI	
Į Š	`. _		Minus	1.3	-0	×	\$ 100 =		OR		X \$ 50 =		4
<u> </u>	, FIRST PRE	SENTATION OF	WULTIPLE DE	ENDENT CLA	UM ML	-	+\$ 180 =		-				
		,					AL ADDIT.		OR	4	\$ 360 =		
1		(Column 1)					FEE !		OR	101	AL ADOTT. FEE] .
		CLAIMS		(Column 2) (Column 3)	·	•••		•)				
8 5	l .	REMAINING AFTER		NUMBER PREVIOUSL	PRESENT	l .	ATE	ADDI-	1 Ì			ADDI	\dashv
MEN	Total	AMENDMENT		PAID FOR	EXTRA	L	- L	TIONAL FEE		f	RATE .	TIONAL	
AMENDMENT	Independent		Minus		2	X	25 =		OR.	X:	\$ 50 =	FEE	-
18			Minus	***	= .	X\$	100 =		OR		200 =		4
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				4	+\$	180 =		' -			- -	4
			TOTAL	ADOIT.		OR		360 =	•]			
•									OR 1		EE .		1
•	if the entry in colum	nn 1 is less than the	anto de la della d				•		• •				ŀ
	If the "Highest Num	the Doubout Day	LOI ME THIS SAY	CE is less than "	20', enter "20"	•	•						
. 1	The Highest Numi	nber Previously Paid ber Previously Paid ber Previously Paid F	For" IN THIS SPA or" (Total or Indep	CE is less than "	b', enter "3". Thest number found in the								
FORM F	TO-875 (Rev. 02/2	0051			in plants and in the	se approp	riale box in	column 1.					